



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION 6 SITE NUMBER OK03786

File this form in the regional Hazardous Waste Log File and submit a copy to U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION OK070040589

A. SITE NAME TULSA RECON T.R.I. CONTAINER B. STREET 17,400 E. YOUNG  
C. CITY CATOOSA (TULSA COUNTY) D. STATE OK E. ZIP CODE 74105

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)			X		
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

The site is a drum reconditioning plant which disposes of caustic rinsewater, acid water, and oily residues into three unlined surface impoundments. The impoundments are not maintained at proper freeboard. Groundwater is available at depths of 5 feet and soil permeability is high. Access to the pit area is unrestricted.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME Amy M. Layne, GAW-SC

2. TELEPHONE NUMBER (214) 767-6421

3. DATE (mo., day, & yr.) 6/27/85

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

- Determine groundwater / surface water availability and usage in the 1/4 mile radius of the site. Locate wells.
- Define pits and contents.
- Provide map of site with drainage pathways defined.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) Recon	Aug '85	OSDH		See above
(2)				<del>RECONSTRUCTION</del>
(3)				OK070040589
b. TYPE OF MONITORING				
(1)				SUPERFUND FILE
(2)				JUL 13 1992
c. TYPE OF SAMPLING				
(1) Sample pit contents				REORGANIZE
(2) determine pH				



### III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS					
(1)					
(2)					
e. OTHER (specify)					
(1)					
(2)					

C ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

#### D. ESTIMATED MANHOURS BY ACTION AGENCY

1 ACTION AGENCY	2 TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1 ACTION AGENCY	2 TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

#### IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site) List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1 ACTION	2 EST. START DATE (mo, day, & yr)	3 EST. END DATE (mo, day, & yr)	4 ACTION AGENCY (EPA, State, Private Party)	5 ESTIMATED COST	6 SPECIFY 311 OR OTHER ACTION, INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site) List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1 ACTION	2 EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4 ACTION AGENCY (EPA, State, Private Party)	5 ESTIMATED COST	6 SPECIFY 311 OR OTHER ACTION, INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

#### C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1 ACTION AGENCY	2 TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1 ACTION AGENCY	2 TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3 TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		